



COUNTY BOROUGH OF STOCKPORT.

Annual Report

ON THE

School Medical Service

FOR

1930

BY

NICOLAS GEBBIE, M.D. (Glas.), D.P.M., D.P.H. (Manch.),

Medical Officer to the Education Committee.

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Vice-Chairman—Councillor W. A. Downham.

J. Penny, Esq., Mayor.

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STAFF OF THE SCHOOL MEDICAL SERVICE.

Medical Officer of Health and Medical Officer to the Education Committee—
Nicolas Gebbie, M.D., D.P.M., D.P.H.

Assistant School Medical Officers—W. H. Rowell, M.D., B.S., D.P.H.,
Doris A. Haworth, M.B., Ch.B., D.P.H. (resigned September 16th,
1930), Josephine Walmsley, M.B., Ch.B., D.P.H. (commenced duty
October 27th, 1930).

School Dentists—Bernard Cooke, L.D.S., Dorothy F. du Cros, L.D.S.

School Nurses—Miss Longley, Miss Axon, Miss Jackson (resigned August
30th, 1930), Mrs. Smith (commenced duty October 13th, 1930).

Clerical Assistant—Miss Demount.

Assistants at School Inspections—Miss Greenwood, Miss Ormes.

Assistants to School Dentists—Miss Weaver, Miss Kelly.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE
OF THE COUNTY BOROUGH OF STOCKPORT.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present herewith my Report upon the work of your School Medical Department for the year ending 31st December, 1930. In outline the report follows the instructions of the Board of Education upon the subject, and the statistical tables appended to the report have been carefully compiled in the form determined by the Board. In the statistical tables referred to are set out in detail the results of the various measures undertaken by your School Medical Department to supervise the health of our school population. In the text of the report reference is made to the general scheme in operation for Medical and Dental Inspection and treatment of the school children in Stockport, notes explanatory of the statistical tables are included and suggestions for the future development of the School Medical Service are put forward.

During the months of September and October the services of only one Medical Officer were available, and it is regretted that it was found impracticable to carry out, during 1930, Routine Medical Inspection in one Public Elementary School, in the Secondary School and in the Girls' High Schools at Cale Green and Fylde Lodge. I am at present engaged upon an enquiry into the circumstances responsible for the postponement of this work, and a report will be submitted to you at an early date, with suggestions to prevent a recurrence of the difficulties which have been encountered.

The general standard of health of the children during the period under review has been good, and Stockport has remained remarkably free from serious epidemics of infectious diseases during 1930.

The outstanding event of the year was the opening of the Longfield Open-Air School by Alderman H. Patten, J.P., the Chairman of the Education Committee, on 7th October, 1930. This School is destined to play a very important part in restoring many ailing children to health and efficiency. The buildings have been admirably adapted for the purpose and the popularity of the School is already assured.

The following changes in the staff of the School Medical Department have taken place during the year: Dr. Doris A. Haworth resigned her appointment on 16th September, 1930, and her successor, Dr. Josephine

Walmsley commenced duty on 27th October, 1930; Miss Jackson, School Nurse, resigned on 30th August, 1930, and was succeeded by Mrs. Smith, who commenced her duties on 13th October, 1930. Dr. Haworth and Miss Jackson carry with them our best thanks for their splendid work for the school children of Stockport.

In the Dental Section of the Department additional accommodation for the second dentist has been provided during the year at the Central Clinic. As the result of this provision it will now be possible to speed up the work of the dental service and to institute a comprehensive scheme of dental inspection and treatment.

My thanks are due to all who have given unstintingly of their best in the interests of the school children. Without their assistance it would have been impossible for me to record the successful results of our work during 1930.

The Chairman, Vice-Chairman and Members of the Medical Inspection Sub-Committee have continued to evince a keen interest in the health and welfare of the school children, and Mr. Lawton and his staff have rendered valuable assistance in the work of the department. To the School Doctors, Dentists, Nurses and Clerical Staff my thanks are also due, and to the Teachers and Parents I am indebted for their co-operation.

Your obedient servant,

N. GEBBIE, M.D., D.P.M., D.P.H.,

Medical Officer to the Education Committee.



SUMMARY OF RESULTS OF MEDICAL INSPECTION.

Total number of children inspected in Public Elementary Schools..	7,507
Total number of children inspected in Code Groups.....	4,535
Total number of Special Cases inspected at School	2,972

Year	No. of Cases inspected in Code Groups	No. found to require treatment	Per cent. requiring treatment
1929 ...	5,400	1,471	27·24
1930 ...	4,535	1,204	26·54

SCHOOL CLINICS.

	No. of Special Cases attending Clinic	Total No. of attendances
Central School Clinic	5,268	18,525
Reddish Clinic	113	747

ROUTINE MEDICAL INSPECTIONS (vide Table 1)	4,535
Other Inspections (at School and Clinics)	12,082
Visits by School Nurses to homes for following up	1,605
Individual Children examined for uncleanness	13,175
Total number of examinations made for uncleanness.....	18,221
Number of individual children found unclean	1,314
Percentage of children with unclean heads.....	9·97

SCHOOL DENTAL DEPARTMENT.

No. of Schools inspected by School Dentists.....	17
No. of Individual Children inspected at School.....	3,976
No. of Special Cases inspected.....	3,605
Total number of Children inspected	7,581
Found to require treatment	7,137
Actually treated	5,024
Attendances made by children for treatment.....	6,647

SCHOOL HYGIENE.

Mr. Yates, School Buildings' Surveyor, favours me with the following report :—

SCHOOL CLINIC.

Alterations and additions, including the provision of a new Eye Room, additional Dental Room, and new room for Medical Officer, were completed in April, after which the premises were decorated throughout,

LONGFIELD OPEN-AIR COUNCIL SCHOOL.

The house known as "Longfield," Heaton Mersey, together with grounds, was purchased by the Education Committee, and alterations and additions have been carried out, including the adaptation of the existing premises and the provision of new cloakrooms, lavatories, etc., and two new open-air classrooms.

This school was opened on October 7th, 1930, as a Special School for 60 delicate children.

CHEADLE HEATH COUNCIL SCHOOL.

The whole of the corrugated iron has been removed from the roofs of the school buildings, and these have been recovered with asbestos slates. This structure is now in a satisfactory state of repair.

VERNON PARK COUNCIL SCHOOL.

A wrought-iron unclimbable fence has been erected on the south-west boundary of the school for the better protection of the premises, and minor repairs to the playground surfaces and the flagging of path adjoining the entrance to the laundry have been carried out.

The following improvements at various schools have been effected :—

Improvements to Heating Installation and New Boilers.	Stockport College. Stockport Secondary School. Alexandra Park Council School. Banks Lane Council School. All Saints' C.E. School. St. Mary's R.C. School (Infants' Dept.).
Improvements to Electric Lighting Installation.	Alexandra Park Council School. Cale Green Council School. Heaton Moor Council School.
Improvements in Accommodation and Ventilation of kitchen and scullery.	Fylde Lodge High School.
Improvements in Ventilation of classrooms and conversion of latrines.	South Reddish Council School.
Improvements to Equipment in cookery department.	Alexandra Park Council School.
Improvements to Fire Appliances and overhauling.	Stockport College and Secondary School.

ACCOMMODATION OF AND ATTENDANCE AT THE SCHOOLS.

The County Borough of Stockport has an area of 7,059 acres and an estimated population of 127,800.* The number of children on the School Register in December, 1930, was 15,084, approximately one Elementary School child to 8·47 persons living in the district. The accommodation and the average attendance in December, 1930, at the various Schools in the Borough are set out in detail in the following table:—

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
St. Matthew's C.E.	.....	M.	362	334	313	93
„	.....	I.	178	171	145	85
Hollywood Park Council	.....	S.	400	377	348	92
„	.....	J.	300	257	225	88
Alexandra Park Council	.....	S.	500	500	472	94
„	.....	J.	400	393	362	92
Belmont Council	.....	S.	400	343	319	93
„	.....	J.	400	400	361	90
Christ Church of E.	.....	S.	352	314	296	94
„	.....	J.	398	384	341	89
All Saints' C.E.	.....	M. & I.	528	307	280	91
St. Mary's R.C.	.....	M.	337	287	264	92
„	.....	I.	195	155	140	90
Vernon Park Council	.....	M.	600	502	463	92
„	.....	I.	320	253	232	92
Wellington Road Council	.....	M.	308	326	303	93
„	.....	I.	127	130	117	90
Portwood Temp. Council	.....	J.	250	183	161	88
St. Paul's C.E.	.....	M.	311	334	308	92
„	.....	I.	143	111	91	82
St. Thomas' C.E.	.....	M.	646	559	516	92
„	.....	I.	324	186	158	85
Stockport R.C.	.....	B.	400	292	258	88
„	.....	G.	242	290	258	89
„	.....	I.	230	171	151	88
St. Peter's C.E.	.....	M. & I.	546	295	259	88

YEAR 1930

9

NAME OF SCHOOL.		Dept.	Accom- modation.	No. on Roll over 5.	Average Atten- dance.	Per- cent- age.
St. George's C.E.	.....	S.	300	314	293	93
„	.....	J.	300	319	289	91
„	.....	I.	272	247	185	75
Parish Church of E.	.....	M.	600	391	352	90
„	.....	I.	219	189	171	90
Great Moor C.E.	.....	M.	330	350	321	92
„ Council	.....	I.	120	114	92	81
Banks Lane Council	.....	M.	362	370	332	87
„	.....	I.	124	113	76	67
Cale Green Council	.....	M.	464	339	313	92
„	.....	I.	220	157	136	87
Edgeley R.C.	.....	B.	317	297	267	90
„	.....	G.	345	294	260	88
„	.....	I.	238	214	176	82
Longfield Open-Air Council	.....	M.	60	60	54	90
Higher Brinksway Cl.	.....	S.	252	176	160	91
„	.....	J.	215	128	116	91
Cheadle Heath Council	.....	M.	320	236	192	81
„	.....	I.	160	124	81	65
Heaton Moor Council	.....	M. & I.	310	344	307	89
St. John's, Heaton Mersey	.....	M. & I.	395	266	241	91
St. Thomas', Heaton Chapel	.....	M. & I.	448	264	229	87
Hope Memorial C.E.	.....	J.	209	162	148	91
Houldsworth	.....	M.	419	296	251	85
„	.....	I.	286	121	104	86
North Reddish Council	.....	S.	400	352	306	87
„	.....	J.	260	239	206	86
„	.....	I.	320	242	205	85
South Reddish Council	.....	J.	116	100	89	89
Reddish R.C.	.....	M. & I.	360	186	159	85
St. Mary's C.E.	.....	M. & I.	289	226	201	89

Totals, 18th Dec., 1930 18,227 15,084 13,453 89.1

THE SCHOOL MEDICAL SERVICE.

Routine Medical Inspection of the school children constitutes the essential part of the work of a School Medical Department. Existing defects of a physical or mental nature must be ascertained before the appropriate remedies can be applied. The work of the School Medical Service, including that of the School Dentists and School Nurses, is essentially preventive in its scope. By its methods of propaganda amongst parents and by the ascertainment of defects as early as possible amongst school children, it plays an important part in the sphere of preventive medicine. In recent years the scope of the work has been extended to include such important questions as the treatment of minor ailments, dental defects, defective vision and enlarged tonsils and adenoids.

An orthopædic scheme is in operation for dealing with crippling defects, and at the new open-air School at Longfield accommodation is provided for 60 delicate children. It will thus be seen that a fairly comprehensive scheme is in operation for dealing with the defects met with during school life. The chief difficulty encountered is that so many children have developed some defect or other before reaching school age.

THE PRE-SCHOOL CHILD.—In 1930, of the 1,597 Entrants inspected, 441 were found to be suffering from some defect or defects requiring treatment, *i.e.*, 27.61 per cent. of the children commencing school life were found to be thus handicapped more or less seriously. It is incumbent upon us, therefore, to concentrate our efforts upon the toddler prior to his attaining the age of five years. For this purpose the advisability of establishing a Nursery School has received careful consideration by your Medical Inspection Sub-Committee, and the following report to a joint Sub-Committee of the Education and Maternity and Child Welfare Committees was prepared by me on 3rd March, 1930, upon the subject of the care and supervision of the pre-school child :—

3rd March, 1930.

To the Chairman and Members of the Joint Sub-Committee of the Education and Maternity and Child Welfare Committees.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present herewith my report upon the present position of the care and supervision of the pre-school child, together with my recommendations as to the various means to be adopted to secure more adequate care and more complete medical supervision of the young child prior to his school career.

The report, which has been prepared in accordance with your instructions, envisages the local application of the problems referred to in the circular issued jointly by the Minister of Health and the President of the Board of Education, dated 5th December, 1929, and should be considered in conjunction with that circular and with the report upon the same subject prepared by your Secretary of Education.

THE PRESENT POSITION.—The responsibility for safeguarding the health of children from birth to the age of five years devolves upon the Maternity and Child Welfare Committee. The administrative arrangements which are in operation to secure that supervision consists of:—

- (1) Visits at regular intervals to the homes of the children by the Health Visitors. The final routine visit is paid when the child reaches the age of four years and nine months.
- (2) Additional visits to the homes of the children for special reasons, *e.g.*, ailing children, defective children, etc.
- (3) The establishment of Child Welfare Centres. The Maternity and Child Welfare Committee have recently extended this provision, and Centres are now in active operation in five districts of the town.
- (4) The provision of special treatment facilities; *e.g.*, Massage, Orthopaedics, and the supply of extra nourishment such as Milk, Cod Liver Oil, etc.

When the child attains the age of five years the responsibility for his health and his education passes to the Education Committee, who have provided the necessary School Medical, Dental and Nursing Services, to secure adequate supervision of the physical and mental health of the school child.

When the children commence their school career we find that some 30 to 40 per cent. of those examined as entrants have some defect or other—surely a highly unsatisfactory condition of affairs when one remembers that most of these defects are preventable. Obviously there must be some shortcomings in the present scheme of supervision to account for this state of affairs and the desire to investigate thoroughly all aspects of the problem on the lines set out in the Joint Circular from the Minister of Health and the President of the Board of Education prompted the Maternity and Child Welfare Committee to seek the co-operation of the Education Committee.

TODDLERS' CLINICS —The Maternity and Child Welfare Committee have in their administrative arrangements concentrated, and necessarily so, upon the very young child. Their efforts have met with a splendid response on the part of the mothers of the young babies, and the Committee are justly proud of the attendances at the Child Welfare Centres of babies up to twelve months or eighteen months of age. Thereafter a certain number of cases cease attendance at the Child Welfare Centres, and in these cases supervision depends almost entirely on the visits of the Health Visitors. The Committee have decided, upon my recommendation, to institute special Clinics for these Toddlers, and the necessary arrangements for their establishment are in hand. It is anticipated that by this means improved supervision of the children will be secured up to approximately three years of age.

DAY NURSERIES.—Institutions exist in some industrial areas which have as their object the care of young children during the absence of the mother at work. During a period of industrial prosperity, a most successful day nursery was conducted by the ladies of a Voluntary Committee at Churchgate House, Stockport, but it was found that on the arrival of a time of industrial depression the need for such provision no longer existed and the

day nursery was closed. The Maternity and Child Welfare Committee have decided that, in view of the fact that most of the mothers who previously worked in the mills are now unemployed or employed on short-time, the present is not an opportune moment to establish a day nursery. Should the industrial situation improve the question would again receive their careful consideration.

NURSERY CLASSES.—In Nursery Classes, which you had the opportunity of inspecting at Manchester, the class is held on the school premises, but is conducted separately as a self-contained unit. The object is to secure the attendance, which is of course voluntary, of children from 3 to 5 years of age. The advantages of such provision are :—

- (1) The comparatively low cost of establishment.
- (2) The comparatively low cost of maintenance.
- (3) The older children can bring the younger ones to school with them.
- (4) The school “atmosphere” is secured and the child is thus prepared for his school career when he reaches 5 years of age.

The disadvantages are :—

- (1) The difficulty of securing premises on open-air lines.
- (2) The children have to go home for the mid-day meal.

NURSERY SCHOOLS.—A Nursery School on lines similar to the one you inspected at Salford is designed to secure for children from 3 to 5 years of age continuous supervision during the greater portion of the day and training in habits of health and cleanliness. The children receive instruction, practise healthy habits, partake of their food, and indulge in recreation and rest, under open-air conditions.

The buildings need not be of expensive type and, as you saw in Salford, the site need not be an extensive one.

RECOMMENDATIONS.—I beg to bring to your notice the following recommendations based upon the observations alluded to in this Report and designed to meet the needs of the community :—

- (1) The establishment without delay of Toddlers’ Clinics, with the necessary Medical, Dental, and Nursing Services.
- (2) That no Day Nursery be opened at present.
- (3) The establishment, experimentally, of a Nursery School, on open-air lines, in one of the congested districts of the town, *e.g.*, in the Portwood, Hillgate, or Lancashire Hill Districts.

The accommodation provided should be for not less than 100 children, as Nursery Schools for small numbers of children are expensive to maintain.

The administrative arrangements at the School should provide for adequate Medical, Dental, and Nursing Services to be available.

I need not remind you that the success of such a School very largely depends upon the personality, tact, and enthusiasm of the Teacher in charge.

- (4) With regard to Nursery Classes I cannot, on medical grounds, recommend their establishment unless you are prepared to have a Nursery Class attached to every School in the town.

In my opinion the results would not justify the expenditure entailed.

Your obedient Servant,

NICOLAS GEBBIE, M.D., D.P.M., D.P.H.,
Medical Officer of Health, and Medical Officer
to the Education Committee, County Borough
of Stockport.

After careful consideration of the above report in conjunction with a special report by the Secretary of Education on the question of Nursery Schools, the Education Committee, decided to establish a Nursery School and a site has been selected in the Hillgate district for this purpose. It is hoped that the Scheme will be proceeded with during 1931.

MEDICAL INSPECTION AT THE SCHOOLS.

During 1930 it has not been practicable to carry out Routine Inspection in the following schools—one Elementary School, the Secondary School and the High Schools for Girls at Cale Green and Fylde Lodge. It has also been impossible to carry out re-inspections of the children at the schools within the year. Several factors have contributed to bring this about, viz :—

- (1) During the months of September and October the services of only one Medical Officer were available.
- (2) The work at the School Clinic has become very extensive and is likely to increase.
- (3) The opening of the new open-air School threw a sudden and heavy demand upon the services of the School Medical and Nursing Staffs.

After careful investigation of all the circumstances I have prepared a special report upon the subject which will be submitted to the Committee at an early date.

Brentnall Street Council School was closed on 31st July, 1930.

For the purpose of Routine Medical Inspection school children are divided into three age groups :—

- (1) "Entrants," or children commencing school life.
- (2) "Intermediates," or children between the ages of 8 and 9 years.
- (3) "Leavers," or children between 12 and 14 years of age.

Our aim is to examine each child once in each of these groups, that is, at least three times in the course of his or her school career. Attention is also given at each inspection to SPECIALS, namely, cases not of code age group, referred to the Medical Officer by Teachers or Attendance Officers, or

brought forward at the request of the parents. "Re-Inspections" of children found defective at a previous Routine Medical Inspection take place when the Schools are visited a second time towards the close of the year.

No departure has been made from the Board's Schedule of Medical Inspection.

A fortnight previous to the intended examination the Head of each Department is notified that the Inspection is about to take place.

A list is prepared from the school register of all children in the department who come within the Routine Age Groups, and the necessity of bringing forward special cases for examination is also impressed upon the Teachers.

A lady assistant is always present with the Doctor at the Inspection. Her duties are to weigh and measure the child, when this has not already been done, to help with the undressing and dressing of the child in the absence of the parent, and to assist in testing the eyesight. Routine cases are taken at the rate of 16 per hour. Special cases at a more variable rate.

During the year 249 visits were made to the Elementary Schools for the Annual Inspection. 4,535 children received the full systematic examination which each child undergoes at least three times during school life, and 2,972 children were seen as "Specials."

Of the 4,535 Routine Children, 1,204 or 26.54 per cent had defects.

2,315 parents attended the inspections.

FINDINGS OF MEDICAL INSPECTIONS (See Table II).

(a) **UNCLEANLINESS.** The examination of children for conditions of uncleanliness is carried out at School by your School Nurses. For this purpose special visits are paid by the Nurses to the various Schools at regular intervals. Special attention is paid to the girls, and as all the girls are inspected there can be no cause for complaint that a particular child has been singled out for attention. Whilst the general standard of cleanliness of the children in attendance at the Public Elementary Schools has improved in recent years the number of individual children found with unclean heads was 9.97 per cent. in 1930 and 8.94 per cent. in 1929. The dissemination of knowledge of hygienic measures, the improvement in the social condition of the people and the fashion of having girls' hair cut and trimmed have all contributed to secure improvement, but there can be no doubt that the regular inspections and re-inspections of the children by the School Nurses have been of the greatest importance in this respect. When inspections were made at long intervals it was found that many children relapsed into conditions of uncleanliness. Real success in securing and maintaining cleanliness can only be obtained by oft-repeated inspections.

The number of old offenders thus discovered is comparatively small, and such cases together with cases where the home conditions are unsatisfactory, are dealt with at the School Clinic. The Nurses' visits permit of personal instruction being given to the parents and thus play an important part in educating the mothers to realise the importance of cleanliness in maintaining good health. Further, during the inspections, cases of skin

diseases, e.g., Impetigo, Ringworm, etc., are discovered and treatment is secured at an earlier stage than might otherwise be the case. It was necessary during the year to take legal proceedings in four cases. Statistical information as to the supervision of the cleanliness of the children by the School Nurses is given in Table IV., Group V., of this report.

(b) MINOR AILMENTS. There is nothing new in the type of minor ailments discovered. Many of these are first seen at the Clinic, sent by Teachers or Parents.

At the Routine Inspections were found 33 cases of skin diseases, e.g., Impetigo, Septic Sores, etc., all requiring treatment.

(c) TONSILS AND ADENOIDS. The Routine Inspection showed 218 cases of either enlarged tonsils or adenoids, or the two combined. There were 202 similar cases in 1929.

(d) TUBERCULOSIS. Nine cases of suspected pulmonary tuberculosis were found at the Routine Inspections, and also 12 non-pulmonary cases, all of which required treatment.

(e) SKIN DISEASES. Most of the children suffering from skin diseases are first seen at the Clinic.

33 cases were found at Routine Inspections to require treatment, whilst 206 cases were actually treated at the Clinic.

(f) EXTERNAL EYE DISEASE. 19 cases of Blepharitis (inflammation of the edges of the eyelids) were found at Routine Inspections and referred for treatment. This is generally an indication of lowered health, and the child is recommended for appropriate general treatment in addition to the treatment of the local conditions.

21 cases of various other conditions of the eye were also found.

(g) VISION. 167 cases of defective vision, including 44 cases of squint, were recorded at the Routine Inspections.

The early treatment of squint is most important, as an untreated squinting eye rapidly deteriorates. The gravity of a squint is not always recognised by the parents.

(h) EAR DISEASE AND HEARING. Routine Inspection revealed 36 cases of running ears requiring treatment, and 3 cases for further observation.

Nine cases of defective hearing of varying degrees were advised as to treatment.

(i) DENTAL DEFECTS. The School Doctors noted 167 cases of dental defects at the Routine Inspections.

These were mostly gross defects frequently associated with septic gums and consequent impaired health. The Report of the School Dental Department is given elsewhere, page 21.

(j) CRIPPLING DEFECTS. The majority of these are due to infantile paralysis, rickets, congenital deformities, or tuberculosis.

Routine Inspections show under deformities 32 cases of rickets, and 26 other forms, all requiring treatment.

The Return of Exceptional Children (Table III.) gives information of ascertained crippling defects.

INFECTIOUS DISEASE.

I am indebted to the Public Health Department for the following "Table of Cases of Infectious Disease notified under 15 years of age during 1930."

	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	Total under 15 years
Scarlet Fever	...	2	5	11	9	69	22	118
Diphtheria	1	11	10	2	15	112	44	195
Erysipelas	...	...	...	...	...	1	3	4
Pneumonia (Acute Primary) ...	3	2	1	1	2	19	12	40
Cerebro-Spinal Meningitis	...	...	...	...	...	...	1	1

Children discharged from the Infectious Diseases Hospital must be certified by the School Doctor before returning to school.

Upon request by a Teacher the Doctor or Nurse will pay a special visit to a School where infectious disease has occurred to give advice and to detect "carriers" of infection.

Contacts of cases of Infectious Disease are excluded from School by the Health Department in accordance with instructions of the Board of Education, and the Head Teacher of each Department has a copy of "The Head Teachers' Guide to Infectious Diseases at the School."

During the year under review it was not found necessary to close any Department or School owing to the prevalence of Infectious Disease.

FOLLOWING UP.

If the parent is present at the School Medical Inspection, the condition of the child and any necessary treatment are discussed with her; if not, the child takes home a sealed letter addressed to the parent, stating the defect found, the necessity for treatment, and the days on which the doctor can be consulted at the School Clinic.

After a short interval the home of each child requiring treatment, is visited by a Nurse to ascertain if such treatment is being carried out, and if necessary to impress on the parent the need of treatment, and to explain the the methods of obtaining it.

Suitable cases are given appointments at the Clinic, either for treatment or consultation, when the parent was not present at the School.

Each child is re-examined at the next visit to the School, and, if necessary, the case is again followed up at home.

The Attendance Officers urge parents of children out of school with minor ailments, and who are not under treatment by a private doctor, to bring them to the School Clinic for advice and treatment. Certain Clinic cases also require home visiting.

There are three Nurses on the Staff. One is engaged full time in the Central Clinic. The other two are employed in following up cases, in the regular visitation of Schools to examine children for cleanliness, and in helping to investigate any special cause of illness in any particular School when requested by the Head Teachers. A Nurse attends Reddish Clinic one half-day per week. Since the opening of Longfield Open Air School a Nurse has attended there each morning.

During this year 1,605 visits were made to the homes.

MEDICAL TREATMENT.

The Central School Clinic, 108, Wellington Road South, is open daily.

A record is kept of each child, the nature of the complaint, and the date and hour of attendance for treatment. If the child comes from School to the Clinic he is given a time card for the Teacher showing the time of arrival and departure from the Clinic. These particulars are confirmed by sending a weekly time sheet to each School from which children may have come.

On Wednesday, and on Thursday afternoon also, refraction work is undertaken, and spectacles are prescribed for defective sight, whilst Saturday morning is reserved for Special Medical consultations, *i.e.*, the detailed examination of physical and mental defectives, epileptics, etc.

Many children suffering from various types of skin disease, external eye affections, and other forms of minor ailments, attend daily for treatment, thereby appreciably shortening the duration of the disease.

Total attendances at the two Clinics	19,272
Total number of Special Cases attending	5,381
Average number of attendances per case	3.58

Defects treated :—

Skin Diseases	206
Eye Diseases (external and others).....	329
Ear Diseases.....	234
Miscellaneous Minor Ailments (Sores, etc.)	2,484
Defective Vision	279

In addition to these, children attend with their parents at the Clinic for medical examination and advice, and to obtain certificates of exclusion from or admission to School.

During the year 1,256 certificates of exclusion from School for varying periods of time were given.

EXCLUSIONS, 1930.

Operation for Tonsils and Adenoids.....	3
Impetigo	21
Sores	156
Scabies.....	17
Verminous Conditions	18
Ringworm Scalp.....	14
Ringworm Body.....	11
Other Skin Diseases	38
Eye Diseases	46
Ear Diseases	26
Tonsillitis and Pharyngitis	136
Glands Enlarged	23
Infectious Diseases	112
Contacts with Infectious Disease.....	4
Heart Disease.....	9
Pneumonia	3
Gastric Catarrh	12
Operation Nasal Sinus	1
Epilepsy	2
Inguinal Hernia	1
Cretin	3
Epistaxis	2
Infantile Paralysis	1
Laryngitis	2
Rickets.....	1
Appendicitis.....	1
Facial Palsy	1
Purpura	1
Pyrexia.....	59
Nervous Diseases	19
Anæmia and Debility.....	67
Tuberculosis (Lungs)	2
,, (Other)	4
Bronchitis and Asthma	79
Sore Throat.....	47
Rhinitis	4
Rheumatism	9
Jaundice	6
Enteritis	7
Synovitis	4
Bursitis	1
Fracture Left Clavicle	1
Fracture Elbow Joint.....	2
Miscellaneous	280
Total.	1256

(a) SCALP RINGWORM.—In connection with the School Clinics X-Ray treatment for this disease is obtained at the Stockport Infirmary, on payment by the Education Committee of a fee of two guineas per case. No charge is made to parents of children

Only extensive cases are advised to have X-Ray treatment. Twelve cases of scalp ringworm were treated at the Clinic by local medication, and two cases privately. No cases were treated by X-Rays.

(b) TONSILS AND ADENOIDS.—Enlarged Tonsils and Adenoids are a frequent cause of ill-health amongst children of school age. Such children suffer from a chronic catarrh of the naso-pharynx with varying degrees of deafness. The obstruction to the nasal passages causes many of the children to be "mouth breathers," and in consequence they become liable to recurrent attacks of sore throat, to catarrhal conditions of the respiratory passages, and to such infectious diseases as Scarlet Fever, Diphtheria, etc. When deafness is pronounced the child is unable to take full advantage of the educational facilities provided, and becomes backward in scholastic attainment. The improvement in mental outlook which follows the surgical treatment of cases of enlarged Tonsils and Adenoids is frequently so noticeable as to call forth comment from parent and teacher alike.

The arrangements made with the Stockport Infirmary for the operative treatment of these cases are satisfactory. Upon the advice of the School Doctor the parent takes the child to the Infirmary for examination by the Surgeon in charge of the Throat and Nose Department.

Should operative treatment be advised an order is issued from the School Clinic. A fee of a guinea and a half is paid by the Local Authority to the Infirmary.

Necessitous cases, after investigation by the Superintendent of Attendance Officers, receive free treatment. The parents in non-necessitous cases are required to pay upon a graduated scale based upon their income.

178 cases received operative treatment under the Authority's Scheme, and 44 received operation privately.

(c) TUBERCULOSIS.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

NOTIFICATIONS, CHILDREN 5 TO 14 YEARS.

Age	Pulmonary		Non-pulmonary	
	M.	F.	M.	F.
5	...	2	2	1
6	...	...	3	2
7	2	...	...	1
8	3	2	3	...
9	...	1	1	1
10	1	2	2	2
11	...	...	...	...
12	...	...	2	1
13	2	...	1	1
14	2	...	...	...
	10	7	14	9

CHILDREN OF SCHOOL AGE ATTENDING THE TUBERCULOSIS DISPENSARY.

	New Cases in 1930	Total No. attending in 1930
Tuberculosis (Pulmonary).....	14	31
„ (Non-pulmonary).....	27	99
Lupus	...	3
Non-Tuberculosis—Bronchitis	17	17
Debility	33	38
Anæmia	4	4
	95	192

2 patients were admitted to the Whitehill Hospital; 1 patient to Westmorland Sanatorium, Meathop; and 3 patients to the Shropshire Orthopædic Hospital, Oswestry; under arrangements made by the Health Committee.

86 contacts were examined, of these 2 were found to have pulmonary tuberculosis, 1 non-pulmonary tuberculosis, and 15 were referred for further observation.

(d) SKIN DISEASE. Cases of Impetigo and Septic Sores predominate in this category. Treatment by antiseptic applications is carried out at the Clinics. Cases requiring more general measures of treatment are referred by the School Doctor to their private Medical Practitioners.

During the year 206 cases of Skin Diseases of various kinds were treated at the Clinics.

(e) EXTERNAL EYE DISEASE. Cases of Blepharitis, Styes, Conjunctivitis and Corneal Ulcers are treated at the Clinics. Cases of a more serious character are referred to their own Doctors.

(f) VISION. Table IV., Group II., shows that 279 cases of defective vision were refracted, and 29 cases of other defects of the eyes were dealt with under the Authority's Scheme.

74 refractions were done elsewhere and recorded.

Spectacles were prescribed for 352 children, (one child not needing glasses), whilst 343 children obtained them.

Cases not suitable for treatment at the School Clinic are advised to go to the Ophthalmic Department of the Stockport Infirmary.

Patients may also attend the Manchester Eye Hospital at the discretion of the School Doctors. A donation of £10 per annum is made by the Local Authority to this Hospital.

(g) EAR DISEASE AND HEARING. Of the 232 cases with ear discharge and 73 cases of other ear diseases, 242 received treatment.

All cases of running ears are urged to persevere with treatment. Unfortunately many parents consider the condition as trivial and fail to seek advice until the disease is well advanced.

Marked cases of these conditions are sent to the Specialist Aural Surgeon at Stockport Infirmary.

SCHOOL DENTAL WORK IN 1930.

(h) DENTAL DEFECTS. INSPECTION. Routine Inspection was confined mainly to children of 5, 6, 7 and 8 years, although in certain schools children of the ages of 9 and 10 years were also examined. A few children aged 11 years were examined in addition to the above cases where immediate treatment was necessary.

Seventeen Elementary Schools were visited, 3,976 children being examined. Of this number 89·0 per cent. required treatment.

In addition to Routine Cases, 3,605 Special Cases were referred by the School Doctor, teacher or parent to the School Dental Officers for treatment.

At each School Dental Inspection a detailed examination is made by the Dentists, a mirror and probe being used for the purpose. The Lady Assistants, one of whom accompanies each Dentist, records on every child's card the following details :—

- (1) Date of Inspection.
- (2) Number of sound, saveable and unsaveable teeth, both temporary and permanent,
- (3) Teeth requiring filling.
- (4) Teeth requiring extraction.

Notices are sent to parents, informing them of the inspection and asking them to be present if possible. Should a child require treatment, the parents are notified and asked to see that their children obtain the necessary treatment without delay at their own private dentists. If they are unable to afford this treatment they are asked for their written consent for such treatment to be done at the School Dental Clinic.

TREATMENT. The ordinary course of treatment for such a child averages three visits to the Clinic. Extractions are always done before fillings in order to ensure a clean and healthy mouth before filling is undertaken. Great care is taken to avoid the removal of permanent teeth unless this is absolutely necessary.

Out of 7,581 cases inspected, including 3,605 special cases, 7,137 were referred for treatment. 5,024 received treatment.

IRREGULARITIES. Minor cases are dealt with at the Clinic, while the more serious cases are referred to the Manchester Dental Hospital.

ANÆSTHETICS. A "Gas" apparatus was installed in the Clinic in September, 1930, the use of which conforms with the conditions of a satisfactory Dental Scheme (Appendix F, paragraph 9) set out in the Annual Report of the Chief Medical Officer of the Board of Education for the year 1923. This is the first time a general anæsthetic has been used in the Stockport Clinic for the extraction of teeth. Teeth which are too inflamed for extraction with local anæsthetic can be extracted under a general anæsthetic, so that a child who would otherwise have to wait an indefinite period of time for the swollen face to subside is relieved from pain and suffering almost immediately.

The local anæsthetics in use are procaine for injection into the gum, and ethylchloride for spraying on the gums in the case of loose temporary teeth extractions.

A table showing the details of Dental Inspection and treatment is shown at the end of this Report. (Table IV., Group IV).

The New Dental Surgery (at the Central Clinic) was completed in May, 1930, and since the 26th of that month, both surgeries have been in use.

If the figures for the year 1930 are compared with those of the previous year it will be seen that while the number of children examined, and the number of Specials treated have slightly diminished, there have been 931 more attendances at the surgeries for treatment. This increase in the number of attendances is due to the increased amount of routine work undertaken.

"Casuals" have been treated on two days per week, viz., Mondays and Thursdays, as in the previous year. Saturday morning of each week, since the installation of a "Gas" apparatus was set aside for Gas cases, whenever practicable.

Propaganda in regard to the prevention of Dental Caries is undertaken by the School Dentists and the School Nurses by means of talks to individual parents and children.

"The work of the school dental service should be directed towards attaining one object and one final goal, namely, to secure that every child shall leave school not only with a sound denture free from oral sepsis, but with a lively appreciation of the necessity for a rigorous and painstaking routine of dental hygiene." (Sir Geo. Newman—Annual Report on the Health of the School Child, 1920).

CRIPPLING DEFECTS AND ORTHOPÆDICS.

Crippling defects met with amongst school children are due to one or other of the following conditions:

- (1) Infantile Paralysis.
- (2) Tuberculosis of Bones and Joints.
- (3) Rickets.
- (4) Congenital Deformity or Injury.

The Local Education Committee have arranged with the Board of Management of Stockport Infirmary for Orthopædic Treatment to be carried out at Stockport Infirmary in Children of school age suffering from crippling defects, subject to the following conditions:—

1. Children of school age must be certified and sent by one of the School Doctors.

2. Children thus sent must be "necessitous cases," as defined in the instructions of the Education Committee.

3. The Education Committee cannot accept liability for payment for other cases, e.g., those sent to the Infirmary through other channels, or "non-necessitous cases."

Subject to the above reservations, all cases, considered to be suitable by the School Medical Officers, are urged to avail themselves of the appropriate treatment provided in this Special Department of the Infirmary.



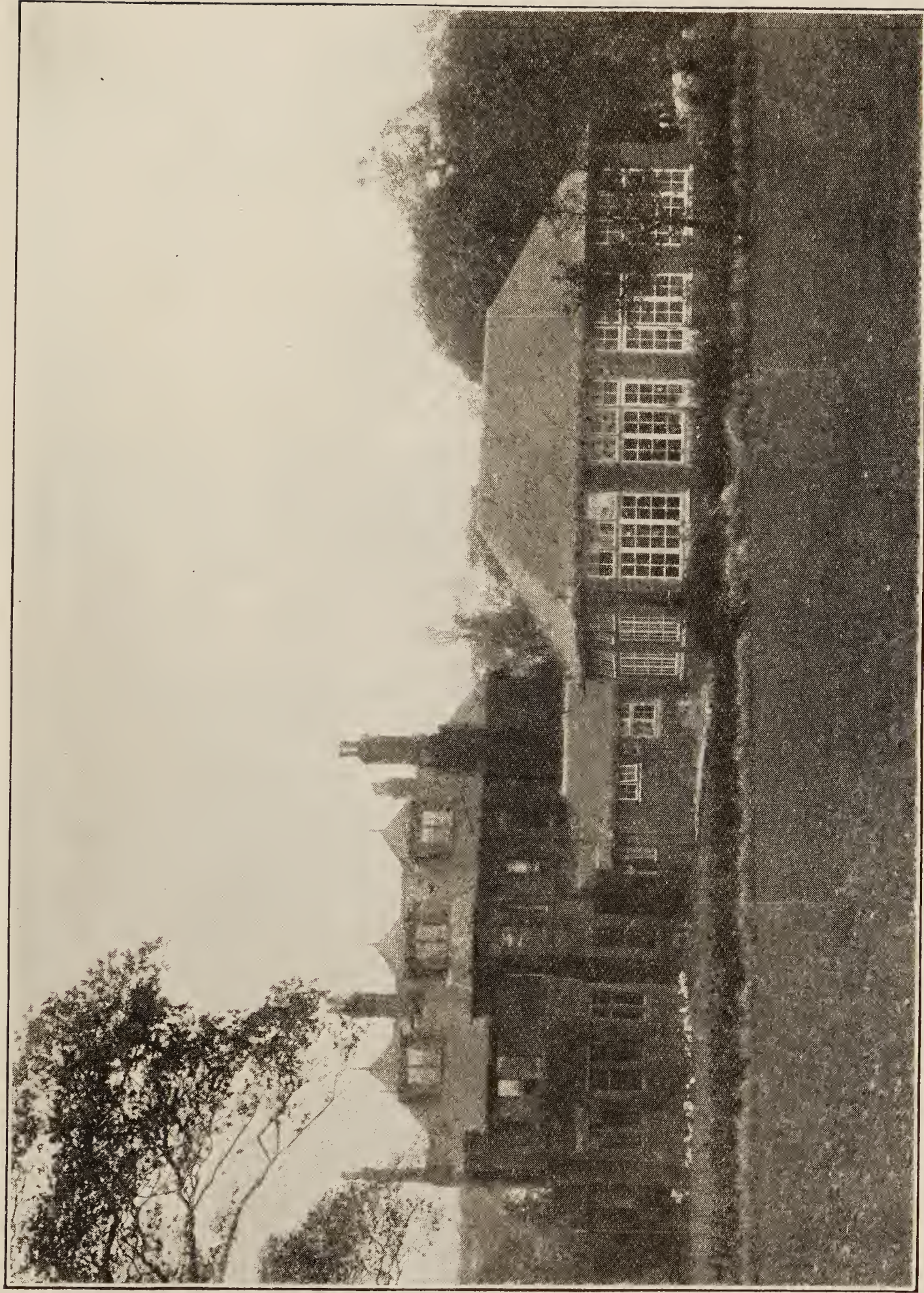
LONGFIELD—House and Grounds before adaptation.



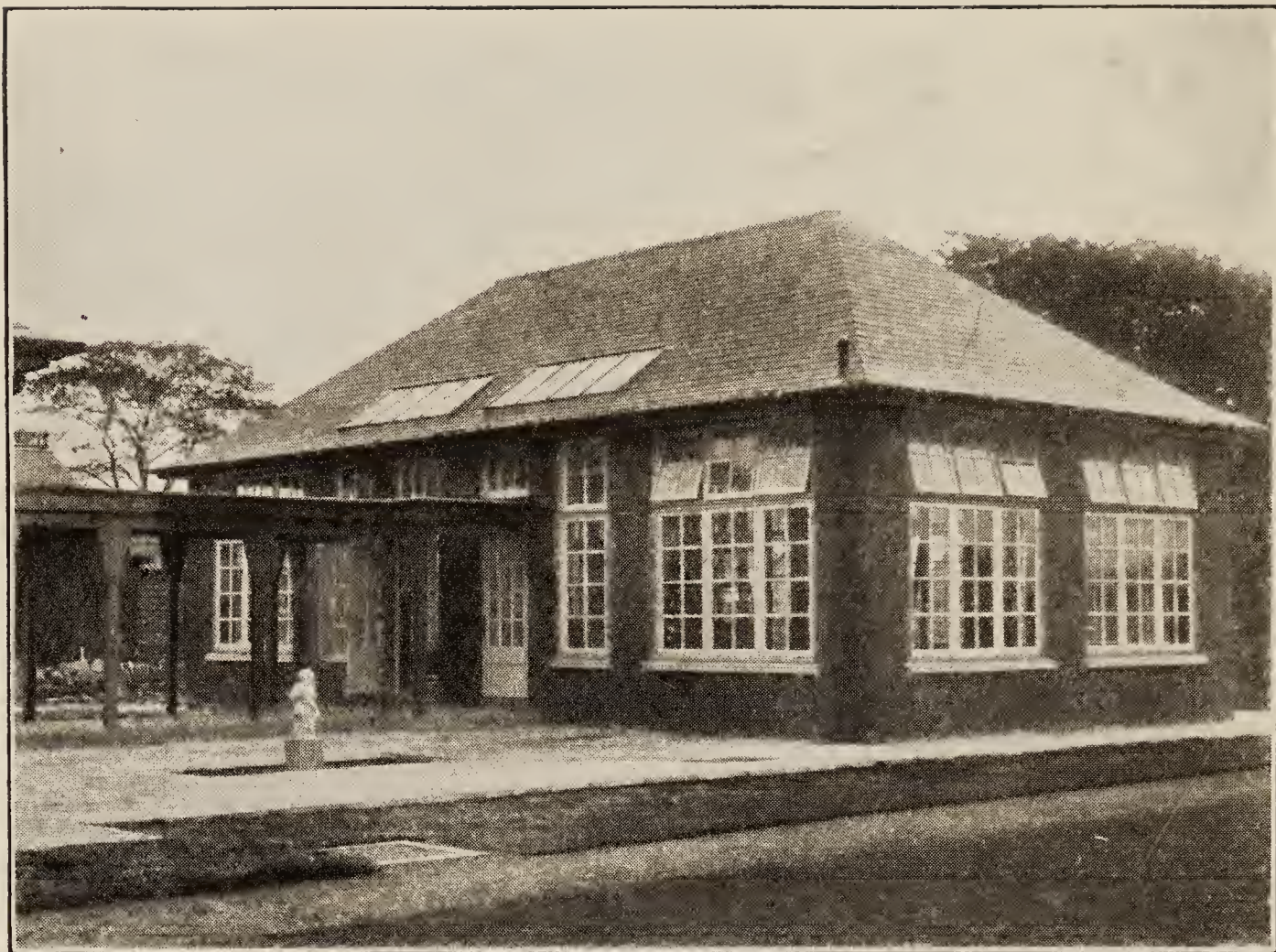
LONGFIELD—Grounds.



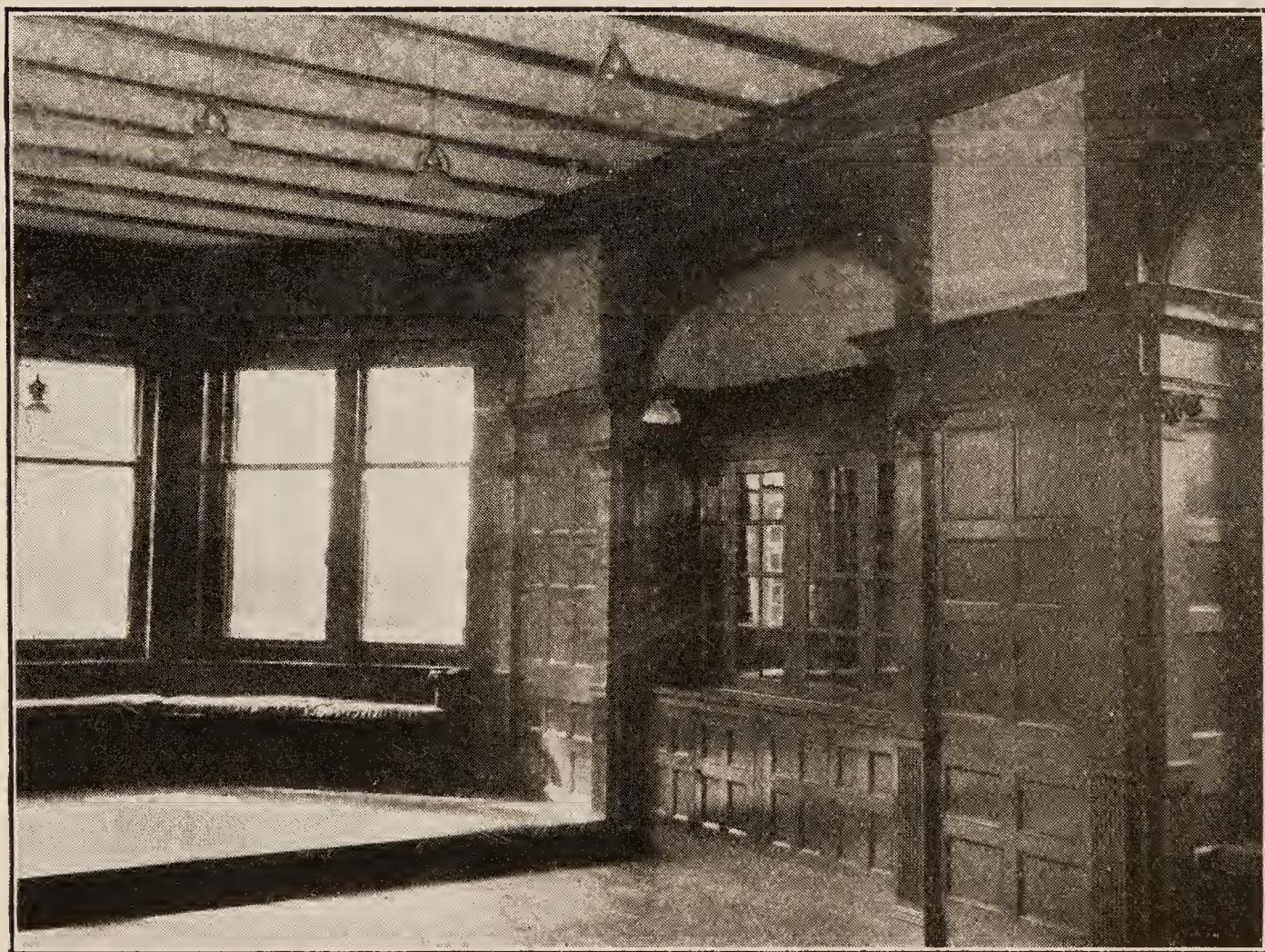
LONGFIELD—Front Aspect.



LONGFIELD—After adaptation, showing “Twin” Classrooms.



LONGFIELD—"Twin" Classrooms.



LONGFIELD—Corner of Dining Hall.

In 1927 Artificial Sunlight Treatment became available at Stockport Infirmary for suitable cases sent by the School Doctors and recommended for this special form of treatment by the Honorary Orthopædic Surgeon. Arrangements have been made with Mr. Brentnall, Hon Orthopædic Surgeon to the Infirmary, for the case records of these patients to be available. There is no doubt that Artificial Light Therapy carefully supervised and judiciously employed is a useful adjunct in the treatment of many debilitating conditions ; especially is this the case in winter time in an industrial area.

During the year 1930 treatment under the Orthopædic Scheme was secured for cases of non-tuberculous disease among school children as follows :—

87 out-patient attendances were made.

149 attendances for massage.

336 attendances for medical exercises.

8 X-Ray examinations were made.

2 cases were treated by Artificial Sunlight, making 124 attendances.

In addition to beds allotted to the Honorary Orthopædic Surgeon at Stockport Infirmary, the Stockport Corporation send cases, when accommodation is available, to the Shropshire Orthopædic Hospital, Oswestry, and to the Ethel Hedley Orthopædic Hospital, Windermere

My best thanks are due to Mr. Brentnall, Hon. Orthopædic Surgeon, and to Mr. Pearce, Secretary-Superintendent at Stockport Infirmary, for their co-operation in the administration of the Orthopædic Scheme.

OPEN-AIR EDUCATION.

The acquisition by the Education Committee of an admirable site for an Open-Air School at Longfield, Mauldeth Road, Heaton Mersey, Stockport, marks a definite advance in the provision of educational facilities for delicate children. The lack of such provision has long been deplored and it is therefore with much pleasure I am able to record that the Longfield Open-Air Council School—Stockport's first open-air school—was formally opened by the Chairman of the Education Committee, Alderman H. Patten, J.P., on 7th October, 1930.

The site has an area of 15,308 square yards, and affords adequate space for the necessities of the school. The house and grounds are delightfully situated and well equipped, and with the new classrooms and offices make a notable addition to the educational facilities provided by the Committee. Accommodation has been provided for sixty children. By the erection of two additional classrooms at a future date this number may be increased to one hundred and twenty.

The rooms of the dwelling-house have been adapted for use as Dining Rooms, Rest Rooms, Medical Treatment Room, Bathroom, Dressing Room, Staff Rooms, Kitchen, Scullery, Caretaker's quarters, Stores, etc. A range of four foot and spray-baths has been installed in the bathroom, and the water supply is controlled by a special mixing valve. Four dressing cubicles have been provided in an adjoining room for use in conjunction with the bathroom.

The old scullery has been enlarged and fitted with sinks and cooking appliances. A new cloakroom and lavatory block has been built at the south-east corner of the original house. Cloakroom and lavatory accommodation for sixty boys and sixty girls is provided. The lavatory basins are fitted with spray-taps and water supply is controlled by a special mixing valve.

New classrooms of the "Twin Type" have been erected in the grounds on the south side of the house, thirty feet away from the cloakroom block to which they are connected by a covered way. The building is 43 feet long by 21 feet wide inside and is provided with sliding windows on all four sides. The whole of the windows and doors are glazed with Vita glass. A sliding partition is provided to divide the building into two class rooms with accommodation for thirty children in each. The buildings are heated by a low pressure hot water heating installation, the boiler for which has been fixed in the existing basement.

In order to provide an ample supply of hot water, a domestic hot water boiler has been installed which can be worked in conjunction with the back boiler in the kitchen. Either of these boilers can be worked independently if so desired.

I have taken the above description of the equipment of the school from the little brochure which was printed for use at the opening ceremony.

The work of alteration of the premises was carried out by the Architectural Staff of the Education Department and the results obtained reflect most creditably upon Mr. Yates, the School Buildings' Surveyor, and his staff.

I have pleasure in incorporating in this report the following contribution to the question of Open-Air Education by W. H. Rowell, M.D., D.P.H., Assistant School Medical Officer.

OPEN AIR EDUCATION.

The disposal of the habitually delicate children, so many of whom are to be found in the schools of a big town, confronts the Education Committee and their Medical Staff.

The immediate causes of their ill health are many and various; most of the children have had long periods of medical treatment. Many of them have attended school very irregularly, not a few are really unfit to attend any ordinary school, nor in many cases is the ordinary school eminently suitable for their daily education.

At an open air school, on the other hand, it is a matter of experience that the large majority can and do attend fairly regularly, because here the conditions of their daily lives are so radically altered that for several hours a day they obtain a maximum of fresh air and sunlight coupled with a plain though suitable and sufficient dietary.

The resulting improvement in health and nutrition is almost uniformly satisfactory.

Further, as might be expected of delicate children with previous absence or irregular school attendance, backwardness, often of a quite serious degree, is common. In an efficiently conducted Open Air School co-incident improvement in health and education is the rule to which there are comparatively few exceptions, and this result is attributable to many factors amongst which the following are the chief :—

- (1) Constant exposure of the children to sunlight and the open air.
- (2) Plain nourishing food, well cooked and served in an attractive manner.
- (3) A regular daily rest after dinner, approximating to one hour in length.
- (4) The teaching of regular habits and a hygienic mode of life.
- (5) The great interest and individual attention (possible by the relatively small size of the classes) bestowed by the teachers on the children in their charge.
- (6) Medical selection and supervision of cases.

The following classes of children are generally regarded as specially likely to benefit from attendance at an Open Air School :—

- (1) Delicate children. These may be defined as “in poor health but suffering from no organic disease or obvious physical defect.”
- (2) Children suffering from malnutrition, anæmia, general debility or rickets.
- (3) Delicate children living in the same house as a notified consumptive.
- (4) Children convalescent after debilitating diseases or certain post operative conditions (for example, tuberculous glands in the neck).

Sixty children were admitted to Longfield Open Air School on 13th October, 1930 (one boy temporarily absent).

The following table shows the number of children entering the School at their respective ages.

Age (years)	6	7	8	9	10	11	12	13	Total
Boys	1	4	5	6	8	2	2	3	31
Girls	1	3	3	6	9	2	3	2	29
Totals	2	7	8	12	17	4	5	5	60

One boy left the School 12th December, as he was leaving Stockport, whilst one boy was withdrawn by his parents, 28th November, 1930. (Two boys aged respectively 7 and 10 years were admitted in their place).

The WEIGHT is almost the only means which lends itself readily to simple yet accurate determination and capable of being easily recorded.

Taking this as the test of improvement in health, the result is as follows :—

BOYS.—Total number 31.

Percentage number increased in weight.....	70·97
do. stationary do.	22·58
do. decreased do.	6·45

GIRLS.—Total number 29.

Percentage number increased in weight	65·55
do. stationary do.	24·13
do. decreased do.	10·32

As the term extended over a period of only ten weeks, this seems satisfactory.

PHYSICAL TRAINING

This is undertaken in the Elementary Schools by Teachers who have paid special attention to the subject, no organiser being now available.

PROVISION OF MEALS FOR SCHOOL CHILDREN.

There are two feeding centres in the town—in Higher Hillgate and Great Egerton Street.

Children are recommended for free meals by :—

- (1) School Teachers.
- (2) School Medical Officers.
- (3) Attendance Officers.

The Superintendent of Attendance Officers enquires into the financial state of the parents in all cases with a view to part payment being made, otherwise “free meals” are given. He personally supervises the Centres, and consults with the School Medical Officers, who pay periodical visits to the Feeding Centres, and inspect the food.

Any child whose condition is unsatisfactory is seen by the Medical Officer.

The children attend for breakfast and dinner on five days per week, on Saturday for dinner only. Meals are provided during the School holidays, excepting on public holidays, when the catering staff are away.

Breakfast consists of cocoa, bread and jam, treacle or margarine.

At dinner they have meat or fish, served in a variety of ways, with fresh vegetables and potatoes, Yorkshire pudding, milk puddings, jam roll and seasonal fruit pies.

The cooking and service are good, the food is appetising and much appreciated by all the children.

Milk allowance per head per day is $2\frac{1}{5}$ pint.

Meat ,, ,, $1\frac{1}{2}$ ounces.

Fish ,, ,, 3 ,,

The statistical year for accounts of the Feeding Centres does not correspond with that of the School Medical Report, but during the year ending 31st March, 1930, 47,168 meals were provided. The cost of food per head was 2.25 pence, administrative and other expenses were 2.25 pence, a total cost per head per meal being 4.5 pence.

The average number of children attending the Feeding Centres daily was 84.

The individual number of children fed was 196.

SCHOOLS BATHS.

At the Corporation Central Baths, St. Petersgate, Stockport, and also at the Branch Baths at North Reddish, one bath is placed at the disposal of the Education Committee, upon payment, from May to October. Detailed time tables are drawn up whereby the baths are utilised by parties from the various schools. If necessary an extra bath is available for girls on payment of a reduced fee.

CO-OPERATION OF PARENTS.

(1) AT THE SCHOOL INSPECTION.

An explicit "Notice to Parents, Date of Medical Inspection," is sent by the Head Teacher to the parent of any child who is to be examined as a Routine case.

The parent is requested to have the child present at school on that date and to attend at the examination. Parents may also attend when a child is examined as a "Special."

In 1930, 2,315 parents attended at the schools for this purpose.

Should any child be found to require treatment and the parent is not present, a "defect card" is given to the child. Treatment is much more easily obtained when the parent is present at the Inspection.

(2) AT THE CLINIC.

With regard to children attending at the Clinic, parents come with them in the majority of cases in which it is necessary for them to do so.

(3) IN THE HOME.

The Nurses meet with little opposition in the home visiting. Promises to obtain treatment are usually given after the Nurse has explained its necessity, though refractory cases are occasionally met with.

CO-OPERATION OF TEACHERS.

Teachers assist the School Medical Staff materially by preparing lists of children to be examined under each group. They also select any special cases about whom they desire information and advice.

After the completion of an examination a typed list of names and addresses, with defects, is sent to each department in the School, and the influence of the Teachers is exerted in urging treatment, if not already obtained.

In some instances they interview parents who are invited to see them and convey to them the suggestions of the School Doctor. They encourage children to wear their spectacles during school hours.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Frequent consultations occur between the School Medical Officers and the Superintendent of Attendance Officers, whilst the individual Attendance Officers also visit the School Clinic with reference to cases of illness or the absence of children from School.

Inquiries into the financial circumstances of applicants for assistance are conducted by the School Attendance Officers.

- (1) The attendance at the School Clinic of special cases for further detailed examination (e.g., mentally defective children) is supervised by these Officers.
- (2) Where it is considered desirable for the School Attendance Officers to assist the School Visiting Nurses in following up troublesome cases, and urging treatment for the more serious defects such help is freely given and has proved beneficial.
- (3) The necessity for the provision of spectacles for children suffering from defective vision is not always appreciated by parents. In extreme cases pressure is brought by the Attendance Officers in order to ensure attendance at the School Clinic for refraction, and the obtaining of such glasses as are not provided free of cost.

CO-OPERATION OF VOLUNTARY BODIES.

A Voluntary Organisation in Stockport known as the "George Fearn Trust," aided by the Local Authority's grant of £150, maintains 25 beds at the Ormerod Convalescent Home, St. Annes-on-Sea. Accommodation is also available for suitable cases at selected farms and cottages in the country a short distance from Stockport. Pre-tubercular and delicate children are selected and recommended by the School Doctors. At the Ormerod Home no limit is placed on the length of residence, supervision being exercised by the Medical Officer of the Home.

The number of cases sent away by the "Fearn Trust" during the year ended 31st December, 1930, are as follows —

	Cases	No. of Beds.
Ormerod Home	92	25
Ashford.....	15	7
Mellor—		
Cobden Edge Farm.....	15	8
Cheetham Hill Farm	17	8
Cannon Hill Farm	1	...
Rudyard Lake (Summer months only)...	8	4
New Mills	5	2
Blackpool.....	1	...
Convalescent Home, West Kirby	2	...
Special School, West Kirby	1	...
Children's Sanatorium, Southport	9	...
	166	54

In addition, surgical appliances have been supplied to two children.

60 boys and 60 girls were medically examined previous to spending a week in camp under the auspices of the "Pearson's Fresh Air Fund."

The Trustees of the "Maria Leigh Sick Children's Fund" have very kindly provided a Christmas present for each crippled child residing in Stockport. The organisation and distribution were undertaken by the Superintendent of the School Attendance Department. The Trustees also assist in providing surgical appliances in necessitous cases recommended by the School Medical Department. Nine such appliances were supplied during this year.

Mr. G. W. Taylor, of Stockport, is the Organiser and Honorary Treasurer of a Fund which enabled the crippled children of Stockport to enjoy a motor run into the country in July. The children were entertained to tea and given a gift. He is assisted by the Superintendent and Officers of the School Attendance Department.

The G. W. Cookson Bequest (vested in the Mayor of Stockport) provides an Annual Outing for poor children. 600 children were conveyed by Motor Buses in July, 1930 to Redesmere, and provided with an excellent tea. The Superintendent of the School Attendance Department organised the outing and was assisted by the Staffs of the School Clinic and Education Department.

The Stockport Institution for the Blind provides spectacles (gratuitously) for school children refracted at the School Clinic, if after enquiry by the Superintendent of School Attendance Officers, and confirmed by the Institute, the financial position of the parents is found to justify such gift.

In 1930 the number of spectacles provided free was 156 pairs, including replacement of broken spectacles.

There is in existence a "School Attendance Officers' Clog Fund," supported by voluntary contributions, and administered without cost by the Education Department. It is a means of supplying many poor children with efficient foot-gear, and plays an important part in securing comfort for many children.

In the past year 1,195 pairs of clogs were provided at a cost of £209 1s. 5d.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

An Annual Census of children in the Borough under school age is taken by the School Attendance Officers.

Any child of school age suffering as above is examined at the School Clinic. Similar cases below school age are noted.

Blind or Deaf Children, after examination and completion of the necessary documents, are sent by the Local Authority to Special Residential Schools.

It is still more difficult to obtain vacancies in Schools for Mentally Defective Children. Three cases were admitted to Special Residential Schools during the year.

Feeble-minded children and Imbeciles are notified to the Town Clerk. They are then referred to the Lancashire Asylums Board (this town being within their jurisdiction), but the available accommodation is limited. Seven cases have been notified this year.

As regards Epilepsy, it is most difficult to convince parents of the necessity for continuous treatment and of the benefits of residential treatment.

The Stockport Ladies' Care Committee undertake the regular visitation of homes where there are children certified as Mental Defectives. Reports are submitted each month to the Committee, the Secretary of the S. E. Lancashire Association for Mental Welfare attending. Thus the Mental Defectives are kept under observation and steps are taken to secure their removal to Institutions as need arises.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Mr. R. J. Boyle, Supervisor of the Juvenile Employment Exchange and Bureau, reports as follows :

"In my capacity as Supervisor of the Juvenile Employment Bureau, and during the period when I was Deputy Supervisor, I have had many occasions on which I have had to seek the advice and assistance of the School Medical Officers. Their co-operation has enabled infirmities, from which not a few of our boys and girls suffered, to be remedied, and their guidance as to the right kind of employment suitable for certain individual cases, has been most helpful."

STAMMERING.

During 1930, classes for children with defective speech were held, 32 children receiving instruction. The children are examined by the School Medical Officer on entering the class, and speech defects, nervous spasms,

difficulties in breathing are recorded. The period of instruction lasts two months, during which time individual instruction to relieve the defect is given. On completion of the period the School Doctor again attends, and the children are tested in Speech, Reading and Recitation.

The detailed result is :

	Number.	Cured.	Much Improved.	Improved.
Boys	27	16	9	2
Girls	5	4	1	...
	—	—	—	—
	32	20	10	2
	—	—	—	—

MISCELLANEOUS.

Candidates for Minor Municipal Scholarships tenable at the Local Secondary Schools are medically inspected after the Oral examination.

37 boys and 24 girls were seen, total 61. No case was rejected on medical grounds.

Five children were examined and given Medical Certificates for admission to Industrial Institutions.

Three children were given Medical Certificates under the Employment of Children in Entertainments Rules, 1920.

Employment of school children—263 Medical Certificates were issued.

Nine Pupil Teachers were medically examined and given Certificates.

The following schools were closed during 1930 for breakdown in the heating apparatus :—

St. Peter's C.E., afternoons of 6th and 8th January. 2 half days.

Banks Lane Council (Mixed and Infants' Department) 17th to 21st November. 5 days.

St. Mary's R.C. (Infants' Department) 4th to 9th December. 6 days.

MEDICAL INSPECTION RETURNS.

TABLE I.—Return of Medical Inspections.

(A.)—Routine Medical Inspections.

Number of Code Group Inspections :

Entrants	...	...	...	...	...	1597
Intermediates		...	...	...	...	1613
Leavers	...	...	...	...	...	1105
Total...						4315

Number of other Routine Inspections ... 220

(B.)—Other Inspections.

Number of Special Inspections	...	...	...	8240
Number of Re-Inspections	...	...	...	3842
Total...				12082
Grand Total				16617

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection
in the Year ended 31st December, 1930.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	Malnutrition	46	1	91	2
	Delicate	96	1	289	2
	Ringworm :				
	Scalp	...	...	14	...
	Body	...	...	23	...
	Scabies	...	...	19	...
	Impetigo	2	...	26	...
	Other Diseases (Non-Tuberculous)	31	...	149	...
Eye	Blepharitis	19	...	85	...
	Conjunctivitis	2	...	107	...
	Keratitis	2	...	4	...
	Corneal Opacities.....	5	...	61	4
	Defective Vision (excluding Squint)	123	147	343	109
	Squint	44	10	82	9
Ear	Other Conditions.....	12	4	137	4
	Defective Hearing	9	9	22	4
	Otitis Media	36	3	196	1
	Other Ear Diseases.....	2	1	71	...
Nose and Throat	Enlarged Tonsils only	185	179	279	85
	Adenoids only	16	8	35	10
	Enlarged Tonsils and Adenoids	17	...	119	1
	Other Conditions	34	1	180	1
Enlarged Cervical Glands (Non-Tuberculous)		16	3	34	1
Defective Speech		36	2	57	2
Teeth—Dental Diseases		167	...	163	...

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE II.—A. Return of Defects found by Medical Inspection, in the Year ended 31st December, 1930.—Continued.

Defect or Disease		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Heart and Circulation	Heart Disease :				
	Organic	24	15	56	6
	Functional	1	2	4	...
	Anæmia	161	11	198	1
Lungs	Bronchitis	139	7	132	2
	Other Non-Tuberculous Diseases	31	3	46	4
Tuber- culosis	Pulmonary :				
	Definite	2	...	5	...
	Suspected	9	...	48	...
	Non-Pulmonary :				
	Glands	3	...	15	...
	Spine	1	...	7	...
	Hip.....	2	...	5	1
	Other Bones & Joints	4	...	5	...
Nervous System	Skin	...	...	4	...
	Other Forms.....	2	...	3	...
Nervous System	Epilepsy	1	...	7	...
	Chorea	1	4	18	1
	Other Conditions	25	4	41	2
Defor- mities	Rickets	32	4	25	2
	Spinal Curvature	2	...	...	...
	Other Forms	24	3	62	8
Other Defects and Diseases		175	79	3259	70

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE II.—B. Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	No. of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
CODE GROUPS :—			
Entrants.....	1597	441	27·61
Intermediates.....	1613	415	25·72
Leavers	1105	280	25·33
Total (Code Groups)	4315	1136	26·32
Other Routine Inspections	220	68	30·9

MEDICAL INSPECTION RETURNS.
ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.

			Boys	Girls	Total
BLIND (including partially blind)	(i.) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind.....	2	2	4
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	2	...	2
	(ii.) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind.....	3	3	6
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	1	2	3
DEAF (including deaf and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf	5	11	16
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	(ii.) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf	...	...	...
		Attending Public Elementary Schools	2	4	6
		At other Institutions	...	...	...
		At no School or Institution	...	1	1

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area—
Continued.

			Boys	Girls	Total
MENTALLY DEFECTIVE	Feebleminded (cases not noti- fiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children	13	7	20
		Attending Public Elemen- tary Schools	12	7	19
		At other Institutions	1	2	3
		At no School or Institution.	15	20	35
	Notified to the Local Control Authority during the year	Feebleminded	Form 307 M.		
		Imbeciles			
		Idiots.....			
EPILEPTICS	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics..	1	...	1
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elemen- tary Schools	...	...	...
		At no School or Institution	2	1	3
	Suffering from epilepsy which is not severe	Attending Public Elemen- tary Schools	9	5	14
		At no School or Institution	...	1	1
PHYSICALLY DEFECTIVE	Infectious pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
		At other Institutions	1	1	2
		At no School or Institution	1	...	1

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—
Continued.

			Boys	Girls	Total
PHYSICALLY DEFECTIVE.— <i>Continued.</i>	Non-infectious but active pulmonary and glandular tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At Certified Residential Open-air Schools	...	...	...
		At Certified Day Open-air Schools	...	...	...
		At Public Elementary Schools	23	15	38
		At other Institutions	3	...	3
		At no School or Institution	1	...	1
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-air Schools	...	...	...
		At Certified Day Open-air Schools	31	29	60
		At Public Elementary Schools	239	211	450
		At other Institutions	3	...	3
		At no School or Institution	3	6	9
	Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	2	1	3
		At Public Elementary Schools	7	9	16
		At other Institutions	2	1	3
		At no School or Institution	4	4	8

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE III.—Return of all Exceptional Children in the area.—
Continued.

		Boys	Girls	Total
PHYSICALLY DEFECTIVE— <i>Continued.</i>	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools	...	...
		At Certified Residential Cripple Schools	2	1
		At Certified Day Cripple Schools	...	...
		At Public Elementary Schools	76	83
		At other Institutions	...	...
		At no School or Institution	3	7
				10

TABLE IV.—Return of Defects Treated during the Year ended
31st December, 1930.

TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin —			
Ringworm—Scalp	12	2	14
Ringworm—Body	22	1	23
Scabies	19	...	19
Impetigo	26	1	27
Other Skin Disease	127	5	132
Minor Eye Defects— (External and other, but excluding cases falling in Group II.).....	329	2	331
Minor Ear Defects	234	8	242
Miscellaneous— (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.).....	2484	24	2508
Total	3253	43	3296

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE IV.—Return of Defects during the Year ended
31st December, 1930.—continued.

GROUP II.—Defective Vision and Squint (excluding Minor Eye
Defects treated as Minor Ailments—Group I.)

Defect or Disease	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint).	279	54	20	353
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	29	...	...	29
Total	308	54	20	382

Total number of children for whom spectacles were prescribed
(a) Under the Authority's Scheme...278. (b) Otherwise...74.
Total number of children who obtained or received spectacles
(a) Under the Authority's Scheme...147. (b) Otherwise...196.

GROUP III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
178	44	222	24	246

MEDICAL INSPECTION RETURNS.**ELEMENTARY SCHOOLS.****TABLE IV.—Return of Defects during the Year ended
31st December, 1930.—continued.****GROUP IV.—Dental Defects.**

(1) Number of Children who were:—		(2) Half-days devoted to:—	
(a) Inspected by the Dentist:		Inspection... 60	
Aged:		Treatment...750	
Routine Age Groups	5... 756	} Total 810	
	6... 817		
	7... 877	(3) Attendances made by children for treatment 6647	
	8... 907		
	9... 486	(4) Fillings:—	
	10... 129		
	11 .. 4	Permanent teeth... 459 } Total	
	12... ..		
13... ..	Temporary teeth... 147 }		
14... ..	(5) Extractions:—		
Specials.....3605		Permanent teeth...1205 } Total	
Grand Total...7581		Temporary teeth...6663 }	
(b) Found to require treatment 7137		(6) Administrations of general anæsthetics for extractions...19	
(c) Actually treated 5024		(7) Other operations:—	
(d) Re-treated during the year as the result of periodical examination. ...		Permanent teeth... 168 } Total	
		Temporary teeth... 20 }	
		Total 188	

GROUP V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by School Nurses	9.12
(ii.) Total number of examinations of children in the Schools by School Nurses.....	18,221
(iii.) Number of individual children found unclean	1,314
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(v.) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921.....	Nil.
(b) Under School Attendance Byelaws	4

MEDICAL INSPECTION RETURNS.**BOARD OF EDUCATION.**

Local Education Authority: STOCKPORT

Statement of the Number of Children Notified during the Year ended December 31st, 1930, by the Local Education Authority to the Local Mental Deficiency Authority.

Total Number of Children Notified : 7.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	Boys.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School:—		
(a) Idiots	...	...
(b) Imbeciles.....	2	1
(c) Others	...	2
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:—		
(a) Moral Defectives.....	...	...
(b) Others	...	...
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16.....	...	1
3. Feeble-minded children notified under Article 3 of the 1928 Regulations, i.e., "special circumstances"	...	...
4. Children who in addition to being mentally defective were blind or deaf	...	1
Grand Total	2	5

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